

**FOR INSTRUCTIONS, SEE BACK OF FORM****CHECK ONE:**

- ☐ This is an **initial**\* Statement of Organization
- ☒ This is an **amended**\* Statement of Organization

MAR 17 2004

\*An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

**FORM**  
**DR-1**  
 (Rev.  
 07/2003)

**STATEMENT**  
**OF**  
**ORGANIZATION**
**For Office Use Only**
 Comm. # \_\_\_\_\_  
 Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Computer \_\_\_\_\_
**COMMITTEE NAME** ↓ ↓

Committee to Elect Celeste Cirina Auditor

**IMPORTANT: Indicate type of committee you are reporting for:**

( 1 )Statewide/Legislative Candidate ( 2 )Statewide PAC ( 3 )State Party ( 4 )County/Local Candidate ( 5 )County PAC ( 6 )Ballot Issue/Franchise Committee ( 7 )County/City Central Committee

**COMMITTEE TREASURER** (mandatory for all committees)

Name ↓ ↓

Mailing Address ↓ ↓

City, State ↓ ↓ Zip Code ↓ ↓

Phone ( ) \_\_\_\_\_

e-Mail \_\_\_\_\_

**COMMITTEE CHAIR** (mandatory except for a candidate's committee)

Name ↓ ↓

Mailing Address ↓ ↓

City, State ↓ ↓ Zip Code ↓ ↓

Phone (319) 372-3995

e-Mail \_\_\_\_\_

**INDICATE PURPOSE OF COMMITTEE – Check One Box**
☒ Advocate for/against candidate(s)

☐ Advocate for/against ballot issue(s)

Comment or description:

**All Candidates Enter:**

Office Sought: \_\_\_\_\_

District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_

Year Standing for Election: \_\_\_\_\_

**County/Local Candidates and Local Ballot/Franchise Committees Enter:**

County: \_\_\_\_\_

Date of Election: \_\_\_\_\_

**Bank Account Name** ↓ ↓

Name of Financial Institution/type of Account ↓ ↓

Mailing Address ↓ ↓

City ↓ ↓

State ↓ ↓

Zip ↓ ↓

**Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor** ↓ ↓

Mailing Address ↓ ↓

City ↓ ↓

State ↓ ↓

Zip ↓ ↓

Phone ( ) \_\_\_\_\_

e-Mail \_\_\_\_\_

**STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:**

1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
5. A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

Signature of Treasurer

Celeste Cirina

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed

3/11/04

Date Signed

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**FORM****DR-1**(Rev.  
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**COMMITTEE NAME** ↓ ↓Committee to Elect Celeste Cirina Auditor**IMPORTANT:** Indicate type of committee you are reporting for: 4

( 1 )Statewide/Legislative Candidate ( 2 )Statewide PAC ( 3 )State Party ( 4 )County/Local Candidate ( 5 )County PAC ( 6 )Ballot Issue/Franchise Committee ( 7 )County/City Central Committee

**COMMITTEE TREASURER** (mandatory for all committees)

Name ↓ ↓

Mailing Address ↓ ↓

City, State ↓ ↓ Zip Code ↓ ↓

Phone ( ) \_\_\_\_\_

e-Mail \_\_\_\_\_

**COMMITTEE CHAIR** (mandatory except for a candidate's committee)

Name ↓ ↓

Mailing Address ↓ ↓

City, State ↓ ↓ Zip Code ↓ ↓

Phone (319) 524-9102

e-Mail \_\_\_\_\_

**INDICATE PURPOSE OF COMMITTEE** – Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)

Comment or description: \_\_\_\_\_

**All Candidates Enter:**

Office Sought: \_\_\_\_\_

District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_

Year Standing for Election: \_\_\_\_\_

**County/Local Candidates and Local Ballot/Franchise Committees Enter:**

County: \_\_\_\_\_

Date of Election: \_\_\_\_\_

**Bank Account Name** ↓ ↓

Name of Financial Institution/type of Account ↓ ↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

**Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor** ↓ ↓

Mailing Address ↓ ↓

City ↓ ↓ State ↓ ↓ Zip ↓ ↓

Phone ( ) \_\_\_\_\_

e-Mail \_\_\_\_\_

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Signature of Treasurer

Celeste Cirina

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed

3/1/04

Date Signed